DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services New York Regional Office 26 Federal Plaza, Room 37-100 New York, NY 10278



## DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

May 31, 2013

Jason A. Helgerson
State Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
Corning Tower (OCP - 1211)
Albany, NY 12237

Dear Mr. Helgerson:

We have reviewed the proposed amendment to Attachment 4.19-C of your Medicaid State plan submitted under transmittal number (TN) 10-22-B. Effective April 1, 2013, this amendment correctly places the State's policy to cover and pay for reserve beds during an individual's temporary absence from an intermediate care facility for individuals with intellectual disabilities. For a covered absence, the State will pay a facility at the same rate that has been established for an occupied bed.

We conducted our review of your submittal according to the regulatory requirements at 42 CFR 447 Subpart C. This is to inform you that New York 10-22-B is approved effective April 1, 2013, enclosed are the HCFA-179 and the approved plan pages.

If you have any questions, please call Tom Brady at 518-396-3810 or Rob Weaver at 410-786-5914.

Sincerely,

Michael J. Melendez

Associate Regional Administrator

Division of Medicaid & Children's Health Operations

**Enclosures** 

cc:

**PMossman** 

KKnuth IMatthews RWeaver

**TBrady**